

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

www.flsb.uscourts.gov

PROOF OF CLAIM

Name of Debtor

Debit Corporation of America

Case Number

04-14360

THIS SPACE IS FOR COURT USE ONLY

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

04 JUN 23 PM 1:32

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Ed + Ann Rodriguez

Name and Address where notices should be sent:

Frank B. Perry
346 Old County Road
Ringgold, GA 30736

Telephone Number: 706-865-8639

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☒ Check box if the address differs from the address on the envelope sent to you by the court.

CLERK
U.S. BANKRUPTCY CT
SD OF FLA.
MIA - OFFICE

Account or other number by which creditor identifies debtor:
(If SS# only list last 4 digits of SS#):

Check here if ☐ replaces ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Consumer fraud

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: xxx-xx-
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

2-5-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 65,000 + + _____ + _____ = 0.00
(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 65,000 +

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

Date:

6-22-04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Frank B. Perry, Attorney Fraboby

This Space is for Court Use Only

HO 1-13

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Gallup Federal Savings Bank

Gallup: 505-726-6500 Farmington: 505-327-6100

NO. 6

WIRE TRANSFER INSTRUCTION SHEET

INSTRUCTIONS: Always complete sections A, B, & D. Complete section C only as applicable.

SECTION A

CUSTOMER NAME <u>Ann Rodriguez</u>	CUSTOMER ACCOUNT NAME (if any) <u>Ann</u>	AMOUNT \$ <u>65,000.-</u>
ORDER RECEIVED Date <u>02-05-04</u>	Time <u>11:30</u> A.M. P.M.	

SECTION B - OUTGOING

ORIGINATOR'S NAME <u>Ann Rodriguez</u>	CONFIRMATION # <u>2004 0205 J2QVA79D</u>	TAXPAYER IDENTIFICATION NUMBER <u>585-04-5450</u>
NAME OF ORIGINATOR'S AUTHORIZED REPRESENTATIVE (if applicable) <u>610 Baker St</u> <u>00006</u>		
ORIGINATOR'S ADDRESS & PHONE # (street / city / state / zip code / phone) <u>Gallup, NM 87301</u> <u>863-5268</u>		
WIRE INSTRUCTION RECEIVED BY: <u>Phone</u> <u>In Person</u> <u>Branch</u> <u>Hold Placed</u>		
BENEFICIARY'S NAME <u>Debit Corporation of America</u>	BENEFICIARY'S ACCOUNT NUMBER (if known) <u>1000014850894</u>	
BENEFICIARY'S ADDRESS (street / city / state / zip code)		
BENEFICIARY'S BANK <u>Suntrust Bank of South Florida, NA</u>	ABA ROUTING NUMBER <u>061000104</u>	
BENEFICIARY'S BANK ADDRESS (street / city / state / zip code) <u>1900 E. Hallandale Beach Blvd Hallandale, FL 33009</u>		
EXECUTION DATE <u>02-05-04</u>		

SPECIAL INSTRUCTIONS
Please call customer with Transaction # if not there leave w/ Husband

COMPLETE SECTION C ON ALL WIRE TRANSFER REQUESTS OVER \$3,000.00

SECTION C-AUTHORIZED REPRESENTATIVE OR INCOMING WIRE

VERIFICATION OF IDENTITY ON OUT GOING TRANSFER			
IDENTIFICATION TYPE & NUMBER <u>013374325</u>	STATE <u>NM</u>	SECONDARY IDENTIFICATION TYPE & NUMBER <u>Well Known to Bank</u>	SOCIAL SECURITY NUMBER <u>585 04 5450</u>
2. VERIFICATION OF IDENTITY ON INCOMING WIRE TRANSFER:			
IDENTIFICATION TYPE & NUMBER	STATE	SECONDARY IDENTIFICATION TYPE & NUMBER	SOCIAL SECURITY NUMBER

3. WHERE ORDER RECEIVED OR PAYMENT MADE NOT IN PERSON, ATTACH ALL RECORDS OF ORDER/PAYMENT.

SECTION D

HOW PAID: Cash <input type="checkbox"/> Check # <u>Savings</u> <u>W/A</u>	Debit Authorized Account # <u>65,000.-</u>	FEE <u>15.00</u>
<u>102189113</u>		TOTAL DEBIT \$
CALL BACK MADE BY (signature) <u>X</u>	PREPARER (signature) <u>X</u> <u>[Signature]</u>	
WIRE ENTRIES MADE BY (print and sign name) <u>X</u> <u>[Signature]</u>	CUSTOMER (signature) <u>X</u> <u>Ann Rodriguez</u>	
INITIALS OF PERSON WHO VERIFIED WIRE AGAINST OFAC CONTROL LIST: <u>[Signature]</u>		

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021
Phone: (954) 981-4447 • Fax: (954) 981-4421
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 004314-004322

Sandoval
County McKinley, Valencia, Bernalillo

Purchaser's Name Ed + Ann Rodriguez Date 2/3/04

Purchaser's Address 410 Baker St.

City Gallup State N.M. Zip 87305

Home Phone 505-863-5268 Business Phone 505-863-5268

No. of Sales
Systems to ship: 25

Face Value of Prepaid MasterCard
Activation Certificates to ship: 14,000

Purchase Price Sales Systems	\$ <u>45,000</u>
Purchase Price of Additional Items	\$ <u>n/c</u>
Total	\$ <u>45,000</u>
Sales Tax (FL Residents Only)	\$ <u>n/a</u>
Amount Paid	\$ <u>45,000</u>

Special Provisions Distributor will make 50¢ per card
activated per month Dist. has first right of refusal
in 4 counties mentioned above Dist. reorder cost on
expansion is \$2000 per sales system to include \$1000 in
startup inventory

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

ACCEPTED AND APPROVED

By: W. S. [Signature] 3/4/04
COMPANY OFFICER

By: Ann Rodriguez
BUYER

DEBIT CORPORATION

OF AMERICA, INC.

MEMORANDUM

TO: ALL TERRITORY DIRECTORS
FROM: LILLIAN
SUBJECT: BANK WIRING INSTRUCTIONS
DATE: SEPTEMBER 23, 2003

Please be advised that the wiring instructions that follow, which became effective July 29, 2003, are the only correct wiring instructions:

All Incoming Wire Transfers for Debit Corporation of America go to the following SunTrust Account:

SunTrust Bank of South Florida, N.A.
1900 E. Hallandale Beach Blvd.
Hallandale, Florida 33009

Routing #061000104

Account #1000014850894

**PLEASE DISCARD ALL WIRING INSTRUCTIONS
ISSUED PRIOR TO July 29, 2003**

822-982-8787

User: CINDI 12:23:47 02/05/2004
SUCCESSFULLY SIGNED ON
FEDLINE STATION
SIGN ON
V2.60.80

User: CINDI 12:23:59 02/05/2004
File: FLIRANJ Record: 6 New Status: TO
FT P ### FT OUTGOING ### URC: FT0006
(1520) IMAD: 20040205 J20VA79D 000006
(3100) Sender: 302272374 SALLUP FED SAVING (2000) Amount: \$65,000.00
(3400) Receiver: 061000104 SUNTRUST BK (3600) Bus Function Code: CTR
(1510) Type Code: 1000
(5000) Originator: D102139113
ANN RODRIGUEZ
(4200) Beneficiary: DEBIT CORPORATION OF AMERICA
ACCT #1000014850894
(3320) Sender Ref: 02050406